

CLAIMS ONLY							Application Number 10 300 457		Filing Date		
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1							51				
2	1						52				
3		2					53				
4	1						54				
5	1						55				
6		2					56				
7		1					57				
8		1					58				
9		1					59				
10		1					60				
11		1					61				
12		1					62				
13		1					63				
14		1					64				
15	1						65				
16		1					66				
17		1					67				
18		1					68				
19		1					69				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total							Total				
Indep	5						Indep				
Total							Total				
Depend	16						Depend				
Total							Total				
Claims	23						Claims				